

Arizona Nutrition Network



Osborn District Teacher Time Form
February 2009

Name: _____ School: _____ Grade: _____ Number of Students: _____

Week 1	February 2-6	I spent _____	hours this week preparing for or teaching nutrition.
Week 2	February 9-13	I spent _____	hours this week preparing for or teaching nutrition.
Week 3	February 16-20	I spent _____	hours this week preparing for or teaching nutrition.
Week 4	February 23-27	I spent _____	hours this week preparing for or teaching nutrition.

Please circle the number of times you taught the following topic(s) in your classroom. If you taught a topic more than 10 times, please write the number of times in the blank.

Times Taught												Nutrition/Physical Activity Topic
1	2	3	4	5	6	7	8	9	10	_____		Benefits of Physical Activity (I)
1	2	3	4	5	6	7	8	9	10	_____		Fat and Oils (B)
1	2	3	4	5	6	7	8	9	10	_____		Fiber-Rich Foods (C)
1	2	3	4	5	6	7	8	9	10	_____		Food Shopping/Preparation (D)
1	2	3	4	5	6	7	8	9	10	_____		Fruit and Vegetables (E)
1	2	3	4	5	6	7	8	9	10	_____		Hand Washing/Food Safety (M)
1	2	3	4	5	6	7	8	9	10	_____		Lean Meat and Beans (F)
1	2	3	4	5	6	7	8	9	10	_____		Limit Added Sugars (G)
1	2	3	4	5	6	7	8	9	10	_____		Fat Free and Low Fat Milk (A)
1	2	3	4	5	6	7	8	9	10	_____		MyPyramid- Healthy Eating Plan (H)
1	2	3	4	5	6	7	8	9	10	_____		Promote Healthy Weight (J)
1	2	3	4	5	6	7	8	9	10	_____		Sodium and Potassium (K)
1	2	3	4	5	6	7	8	9	10	_____		Whole Grains (L)

Please indicate the range of time spent teaching nutrition in a single session.

Estimated Duration

Shortest: _____ minutes

Longest: _____ minutes

Signature: _____ Date: _____

Turn Teacher Time in by March 2nd and earn a Nutrition Education Tool (NET)!